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Albert A. Core

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## THE SLEEPING SICKNESS OF WESTERN AFRICA.

By ALBERT A. GORE, M.D., F.R.C.S.I., SURGEON-MAJOR.

SOME time since, I read, in the "Notes and Queries" of a contemporary, a few brief remarks on this rare disease. As the subject is one of some interest to those who may travel in these distant regions, and to the medical officers who have to treat our West Indian soldiers, I have jotted down the following *résumé*, which may probably contain a summary of all our present knowledge on the matter.

Lethargy, from the Greek terms *λήθη* and *ἀργία*, is placed by the older writers under their division *Neurotica*, and defined as a "mental and corporeal torpidity, with deep quiet sleep". The occasional causes being congestion or effusion in the brain by violent mental commotion, as that of fright or furious anger; by retrocedent gout, or repelled exanthems; but more generally by long continued labour of body or severe exercise of mind, cerebral exhaustion. Celsus regarded it as a nervous affection; Forester and Cheyne as chiefly dependent upon plethora or congestion. According to Mason Good, it is not unfrequently a strictly nervous affection connected with an irregular or debilitated state of the mind. The common causes of sleep, therefore, whether natural or morbid, are in many cases causes of lethargy. The older writers classified the disease under three heads:

(a.) *Lethargus absolutus*, or genuine lethargy, without intervals of sensation, waking, or consciousness.

(b.) *Lethargus cataphora*, or remissive lethargy, with short remissions or intervals of imperfect waking, sensation, and speech.

(c.) *Lethargic vigil*, or imperfect lethargy, perfect lethargy of the body, but imperfect lethargy of the mind, wandering ideas, and belief of wakefulness during sleep.

The first variety of the ancients is the later "constitutional lethargic slumber" of Blanchet and other French observers. Examples have





occurred lasting forty days (Platt), seven weeks (Bang, Collection), months (Blanchet), at intervals during five years (Good). In one instance it was stated to have resulted from insolation, or exposure to the direct rays of the sun. The second variety, the *coma somnolentum* of many writers, has been an accompaniment of many fevers and other diseases of great debility. In a case mentioned by Good, the patient, a young lady of delicate constitution, during the irregular remissions, sighed, ate reluctantly, and instantly relapsed into sleep. The third variety is the typhomania of the Greek writers, and an occasional sequel of fevers and other causes of great nervous debility, where the sensorial power has not recovered its regularity of current or stability of balance. In a case mentioned by Cook, in his treatise on *Nervous Diseases*, the paroxysms ultimately ended in derangement of the mind. Some of the symptoms of that convulsion of the mind known as *melancholia attonita*, or its paralysis, as seen in acute or chronic dementia—viz., an impassive or motionless body, vacant stupid expression, involuntary passage of urine and fæces, and a passive resistance to the action of others, are occasionally seen in the last stages of African lethargus.

My attention was first called to this curious disease when quartered upon a solitary island at the junction of the Rio Jeba and Rio Grande, in Portuguese Senegambia, in 1866. I had just returned from shooting, when a native was brought to my bungalow with an enlargement of the glands of the neck, which he was anxious to have removed. My servant, a Portuguese, informed me that he stated he was afraid he was about to get the "sleeping sickness". Upon further inquiry, I found that this was really the case, and that among the people of the neighbourhood this enlargement of the glands was considered a premonitory sign of African lethargus. My servant, who appeared to be quite *au fait* with the subject, further informed me that the native doctors always excised or destroyed the enlarged lymphatic glands as a measure of precaution, a process accounting for the numerous scars which marked the neck and other parts of the bodies of their patients. Upon returning to headquarters, and looking over our medical records, I found a case of the disease, which terminated fatally, noted down as early as 1833, at Sierra Leone, by Assistant-Surgeon McDonald, of the Royal African Corps, the patient being a private of his regiment; and, three years later, the following interesting and graphic description of another, by Dr. William Fergusson, surgeon of the corps, principal medical officer, and afterwards governor of Sierra Leone. It is headed "Lethargus".

Dr. Fergusson goes on to say: "It is a disease rarely met with here, and it occurs more frequently among the class of recently arrived liberated Africans than among any other body of the population. In the course of the last fourteen years, I have seen four cases of it, three of which were liberated Africans, and one a maroon. There was no variety in the symptoms of these four cases, and one only of them terminated favourably. The disease substantially consists of a strong and irresistible desire, or rather tendency, to fall asleep under any circumstances—an inability to keep awake is perhaps the most suitable definition. I have not seen it tested under the circumstances of passion or strong mental emotion, and am rather inclined to think that the passions are obliterated, as it were, in the general tendency to rest which seems to pervade the whole system. The maroon boy above mentioned used to fall asleep standing, amidst all the noise and excitement of a school conducted upon the monitorial system; and I have seen Private George Gannus, 2nd West India Regiment, the subject of this case, lying fast asleep with a mouthful of half-chewed victuals in his cheek; he had, in fact, fallen fast asleep, while eating his dinner. He was taken into hospital on March 1st, 1836; his comrades stated that he was always sleeping; that, whenever he sat down for a few minutes, he was sure to fall asleep. He was well purged, and on the 5th discharged cured. He was again brought to hospital on the 15th with the same complaint of constant sleepiness; his look was stolid. He made no complaint of pain; ate well. The pulse was 72; tongue clean, except a small spot of fur in the centre. A dose of drastic medicine was given, and repeated upon the second day. He was kept in hospital until April 5th, during which time he had a dose of colocyth and calomel about once in three days. He was discharged to duty, not having had any return of the sleepiness. In the early part of May, symptoms of another return of the disease became manifest, necessitating his being again taken into hospital on the 8th of the month; recourse was again had to the system of drastic purging which had succeeded so well on former occasions. It was, however, but too clear that the drastic mode of treatment had entirely lost its power. Five dozen of leeches were now applied to the forehead and temples, and a large blister to the shaven scalp, without any advantage. He slept almost continuously; when roused at meal-times, he made a scanty meal, and sometimes fell asleep over it. He was now put upon the

use of a small daily dose of calomel, and a blister was applied to the nape of the neck; his bowels had all along been kept free, and, up to this period he had made regular use of the night-chair. He now slept constantly; decubitus on his back; his alvine evacuations were passed involuntarily. He sank gradually, and died on June 1st.

"The dura mater was found to be in a healthy state; the arachnoid membrane was red, and highly vascular; this condition was not confined to any particular part of it, but prevailed throughout. The pia mater appeared healthy; the substance of the brain was particularly firm, and not one drop of blood appeared on a section of any part of it; the sinuses were unusually deficient in the quantity of blood; the lateral ventricles contained about a drachm and a half of serum; the thoracic viscera did not present any unusual appearance. In the stomach were found many patches of a red colour near the pylorus; these did not extend into the duodenum. A portion of small intestines, about three feet in length, was of a very dark colour, and the *calibre* of the canal at that part was much contracted; this part of the canal contained a considerable quantity of thick sanguineous serosity, and its mucous coat was highly injected. The liver, spleen, and kidneys were in a healthy-looking state."

The following is the only other case the details of which I have been enabled to obtain: they are given by Surgeon-Major Morphew. "No. 166, Private J. M., 1st West India Regiment, twenty-eight years of age, was admitted into the military hospital, Nassau, Bahamas, June 27th, 1865, for dementia and lethargus. Some months prior to admission, he had been in a singular way. When on guard duty, he was constantly in the habit of falling down in a semicomatose state, and, upon the return of consciousness, he would invariably state that he had seen a "spirit". This delusion had unquestionably something to do in bringing him to the state in which he was upon admission. From his appearance, I was of opinion that he would become a subject of the disease, so common among Africans, called lethargus; and into a lethargy he fell on the 10th instant. For a few days previously, he spent most of his time sleeping, but during the last eleven days of his life he never awoke; he expired about one o'clock in the morning. All medical treatment in these cases is useless as a rule, and in this case was not tried beyond attending to the state of the alimentary canal. Two years subsequently, a private of the same regiment died in the gaol at Freetown suffering under symptoms of lethargus. This delusion of having seen a spirit is a common one among Africans." Dr. Morphew's remarks as to the fatality of the affection is fully borne out by statistics to be presently quoted.

The next contribution to the history and pathology of the disease is from a writer in the *Medical Times and Gazette* of the 24th October of the present year. He goes on to state: "The first intimation is a swelling of the glands about or around the neck, accompanied by a gradual inclination to sleep, which increases; and the person so affected will fall asleep at all times and in all places, no matter what he may be doing—working, eating, walking, talking, or anything else, only awaking at short intervals. Sometimes the body swells in the progress of the disease, and at other times in its first stage. The skin becomes dry and dusty; the strength palpably decays; and the most massive form becomes reduced. This continues for six or twelve months, more or less. Just before death, the patient suddenly ceases to sleep; this is the forerunner of death always. I have never known a Congo die of any other disease. It carries off many natives; and even the Americo-Liberians do not escape from it." The Congos to whom the writer refers are among the lowest type of negro in mind and body inhabiting the shores of West Africa. When they were liberated in large numbers at Sierra Leone, the disease came far more frequently under observation in the colonial hospital, as will be seen from the following returns. For the four years ending March 31st, 1850, 112 cases of lethargus or sleeping sickness were treated; for the seven years ending December 31st, 1866, only 67 were treated. Of the 179 cases admitted, 132 died, 47 recovered—a very high ratio of mortality. Burton, and most other writers on Western Africa, allude to the disease as a medical curiosity; the former states that Europeans have died of it. The cases of African sleeping sickness which I have seen in the colonial hospital at Sierra Leone, two of them in the last stage of the disease, presented similar features to those already described; the patients lay upon a mat sleeping their existence away. One was very much emaciated; he lay quite motionless, and apparently unconscious; only appeared to notice when severely shaken, then merely raised the eyelids and gazed vacantly. The sphincters had already become relaxed; the urine and fæces were passed involuntarily; and for some days previous to death he lay quite passive, refused all nourishment, and died at last, as in the cases already described. While recently on the Gold Coast, I had under treatment in hospital a private of the 2nd West India Regiment, who appeared to suffer under lethargic prodromata. He



was constantly sleeping, and with difficulty was made to take food and medicine. He afterwards passed from under my notice.

The treatment of African lethargy has been, as a rule, eminently unsatisfactory in the severer forms. Stimulants, alteratives, depurants, and counterirritants have equally failed to arrest the onward progress of the disease. Celsus, who contemplated lethargus as a nervous affection, confined himself to external and internal pungents, shaving the head, fomenting it, and afterwards applying some rubefacient epithems. Others, such as Good, advised cupping, blisters, purgatives, the voltaic current from the occiput to the sacrum, and metallic tonics. Such a line of treatment appeared to afford a temporary relief. If the glandular enlargement observed were due to leuchæmia and hypertrophy of the spleen, conditions sometimes associated with lethargic symptoms, quinine, ferruginous tonics, and antiperiodic medicines might be of value. Except by supposing that the enlarged lymphatic glands in the vicinity of the arteries of the neck pressed upon and deranged the cerebral circulation, thus diminishing and interfering with the blood-supply of the brain, one could not reconcile the Portuguese idea of its pathology with the facts observed. The etiology of the disease is still curiously obscure.

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